

Colon Diagnostic & Reimbursement Form

Please Print Clearly

☐ FEMALE

☐ MALE

BCCHP#:

Authorization#:

CLIENT NAME (Last, First, Mi)		DATE OF BIRTH (MM/DD/YYYY)		SOCIAL SECURITY NUMBER		CHART#	
PROCEDURE SITE		AGE	PROVIDER NAME		CLIENT CONTACT NUMBER		
Consult Date:		Procedure Date:					
Adequate bowel prep <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No		Cecum reached <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Not applicable		Biopsy <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not indicated		Polypectomy <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not indicated	
Specimens sent to pathology #							
Complications <input type="checkbox"/> No complications reported <input type="checkbox"/> Complications related to anesthesia <input type="checkbox"/> Other <input type="checkbox"/> Bleeding requiring transfusion <input type="checkbox"/> Bowel perforation <input type="checkbox"/> Unknown <input type="checkbox"/> Bleeding not requiring transfusion <input type="checkbox"/> Post-polypectomy syndrome/excessive abdominal pain <input type="checkbox"/> Cardiopulmonary events (hypotension, hypoxia, arrhythmia, etc) <input type="checkbox"/> Death							
Results <input type="checkbox"/> Normal: Negative, diverticulosis, hemorrhoids <input type="checkbox"/> Polyp(s) not suggestive of cancer <input type="checkbox"/> Polyp(s) suspicious for cancer/ presumed cancer <input type="checkbox"/> Other finding not suggestive of cancer or polyp(s) <input type="checkbox"/> No findings/ inconclusive				Follow-up testing needed to achieve final diagnosis <input type="checkbox"/> None = diagnosis is complete <input type="checkbox"/> Sigmoidoscopy <input type="checkbox"/> DCBE <input type="checkbox"/> Colonoscopy <input type="checkbox"/> Surgery			
Size of the largest adenomatous polyp/lesion <input type="checkbox"/> < 1 cm <input type="checkbox"/> ≥ 1 cm <input type="checkbox"/> unknown				Total # adenomatous polyps / lesions # <input type="checkbox"/> exact # unknown			
Histology of most severe polyp/lesion: (check one) <input type="checkbox"/> Normal or other non-polyp histology <input type="checkbox"/> Adenoma, villous (no high-grade dysplasia) <input type="checkbox"/> Non-adenomatous polyp (e.g., inflammatory, hamartomatous) <input type="checkbox"/> Adenoma, serrated (no high-grade dysplasia) <input type="checkbox"/> Hyperplastic polyp <input type="checkbox"/> Adenoma with high-grade dysplasia (includes in-situ carcinoma) <input type="checkbox"/> Adenoma, NOS (no high-grade dysplasia noted) <input type="checkbox"/> Adenocarcinoma, invasive <input type="checkbox"/> Adenoma, tubular (no high-grade dysplasia noted) <input type="checkbox"/> Carcinoma, other <input type="checkbox"/> Adenoma, mixed tubular villous (no high-grade dysplasia noted) <input type="checkbox"/> Unknown / other lesions ablated, not retrieved or confirmed							
Recommended Future Screening <input type="checkbox"/> DCBE <input type="checkbox"/> Colonoscopy <input type="checkbox"/> Sigmoidoscopy		Indication for Future Screening <input type="checkbox"/> Screening <input type="checkbox"/> Surveillance			Future Screening/Surveillance Timing # months		
Provider Comments <input type="checkbox"/> Did not complete procedure. Why? <input type="checkbox"/> **Lost to Follow-up, did not complete procedure, date Why lost? <input type="checkbox"/> **Refused, date Why refused? ** Provide documentation to BCCHP Prime Contractor of attempts to contact client							
Office Services: New Patient <input type="checkbox"/> 99201 - 10 Min <input type="checkbox"/> 99202 - 20 Min <input type="checkbox"/> 99203 - 30 Min <input type="checkbox"/> 99204 - 45 Min <input type="checkbox"/> 99205 - 60 Min Established Patient <input type="checkbox"/> 99211 – 5 Min <input type="checkbox"/> 99212 – 10 Min <input type="checkbox"/> 99213 – 15 Min		Procedures: Colonoscopy <input type="checkbox"/> G0121 Screening/Avg risk <input type="checkbox"/> G0105 Screening/Increased risk <input type="checkbox"/> 45378 Diagnostic <input type="checkbox"/> 45380 w/biopsy <input type="checkbox"/> 45381 w/submucosal injection <input type="checkbox"/> 45382 w/control of bleeding <input type="checkbox"/> 45383 w/ablation <input type="checkbox"/> 45384 w/polypectomy-hot Bx cautery <input type="checkbox"/> 45385 w/polypectomy by snare		Sigmoidoscopy <input type="checkbox"/> G0104 Screening <input type="checkbox"/> 45330 Diagnostic <input type="checkbox"/> 45331 w/biopsy <input type="checkbox"/> 45333 w/hot BX/cautery <input type="checkbox"/> 45334 w/bleeding control <input type="checkbox"/> 45335 w/submucosal injection <input type="checkbox"/> 45338 w/polypectomy by snare <input type="checkbox"/> 45339 w/ablation		Tissue exam by pathologist <input type="checkbox"/> 88305 Gross and micro (IV) <input type="checkbox"/> G0461 IHT first stain <input type="checkbox"/> G0462 IHT ea add stain	
DIAGNOSTIC PROVIDER SIGNATURE		Print Name		Telephone Number		Date	

Please FAX form to BCCHP Prime Contractor: